

STATE OF NEW HAMPSHIRE 2018 Statement of Income and Expenses

for LOBBYISTS (RSA Chapter 15)

RECEIVED

PLEASE PRINT

JAN 3 0 2019

I. Name of Lobbyist(s):

(Print Name of lobbyist)

Paul A. Worsowicz; Heidi L. Kroll; Lisa K. Shapiro, Ph.D.

NEW HAMPSHIRE DEPARTMENT OF STATE

II. Name of Lobbyist's partnership, firm or corporation, if any:

603-228-1		treet, Concord, NH 0 226-3334	worsowicz@gcglaw.com
(Telepho		(Fax)	(Email)
	vers: (Choose one – file separate ronsactions which are not attributab		OR you may file a separate report
X All reportable tra	ansactions occurring in the month pr	ior to the reporting date	e relative to the following client.
ASSOCIA	TION OF EQUIPMENT MANUF.		
	(Full Name of Client as it appears	on the Lobbyist Regis	tration Form)
	ansactions by the lobbyist (including particular client.	the lobbyist's family),	or the lobbying firm listed below wh
IV. Date of Report:	April 25, 2018 🛚		July 25, 2018 🔲
~	ivity from date of registration to 3/3	1/18 activit	y from 4/1/18 to 6/30/18
	October 31, 2018		January 30, 2019 🗵
<i>a</i>	activity from 7/1/18 to 9/30/18	activit	y from 10/1/18 to 12/31/18
V. There have been no If this box is checked, co Concord, NH 03301.	fees received and no reportable tromplete just this form and submit it t	ansactions made sinc o the Secretary of State	e the last report. 2's Office, State House, Room 204,
VI. Check if additions If you have rece	al reports are attached: ived fees or made expenditures, you	must file Addendum.	A – Fees and Expenses
If you have paid Expense Reimbo	ursement		endum B – Report of Honorariums o
If you, your firm	n, or your family has made political c	ontributions, you must	file Addendum C – Political Contril
Sworn Statement/Affir	A 15-B and RSA 664 and hereby sw	ear or affirm that the fo	oregoing information is true and comp
to the best of my knowledge			
to the best of my knowled	Jonowa)	_	1-24-19 (Date)



STATE OF NEW HAMPSHIRE Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

1. Name of Lobbyist(s)	Paul A. Worsowicz; Heidi L. Kroll; Lisa K. Sha	piro, Ph.D.	
II. Name of lobbyist's p	partnership, firm or corporation, if any:		
	GALLAGHER, CALLAHAN & GARTRE	LL, P.C.	
	(Name of partnership, firm or corporation	on)	
III. Name of Client	ASSOCIATION OF EQUIPMENT MANUFACTURERS c/o MULTISTATE ASSOCIATES INC.	Date January	30, 2019
lobbying, including fees	t of all fees received from the client identified above the for services such as public advocacy, government related legal work. The gross feet to the gross feet all	tions, or public relati	ions services,
a) Total of all fees receive	ved in this reporting period	a) \$.00
	ved this calendar year, prior to this reporting period. e total prior monthly reports for this calendar year.)	b) \$ 	23,000.00
c) Total of all fees receiv (Add lines a and b)	ved to date.	c) \$	23,000.00
d) Indicate the amount o yet been paid.	f any such fees that are due, but have not	d) \$ 	6,170.00
fees. Separate reports are lobbyist(s)/firm that are are to be reported in one reporting period for salar expenses where the expethe cost was \$25.00 or lepurchase of a ceremonia statement of each individual covered by (a) (for examination given to the subject of legislative reception). E	artnerships, firms, or corporations are required to repet to be filed for expenditures made relative to each cliquing the control of three categories of expenses: (a) the aggregate aries, benefits, support staff, and office expenses; (benefits, support staff, and office expenses; (benefits, support staff, and office expenses; (benefits) or less (for example: meals put sess, purchase of a pen with a value of less than \$10 the lobject given to a person being lobbied with a value shall expenditure made during this reporting period of sple: purchase of a meal with value of greater than \$25, but not great supposes for honorariums, expense reimbursement, or and should not be reported on Addendum A.	ent and if expenditualled for the lobbyist e total of all expense) the aggregate total rchased during a buat is given to the peof \$25.00 or less); greater than \$25.00 for purchase of a cere ter than \$50, restaus	res are made by the (s)/firm. Expenses sees paid during the all of all individual siness lunch where rson being lobbied and (c) an itemized for any purpose no monial object to be rant expenses for a
support staff, and office	nses for this reporting period for salaries, benefits, expenses, related directly or indirectly to lobbying.	a) \$ b) \$	3,673.75
b) Total aggregate of exin a), of \$25 or less.	penditures during this reporting period, not reported		
c) Total of all itemized 6	expenditures reported in detail in section VI.	c) \$.00

Lobbyist Fees & Expenses, Addendum A – Page 2 Client: ASSOCIATION OF EQUIPMENT MANUFACTURERS c/o MULTISTA	ATE ASSOCIAT	TES INC.
d) Total expenses for this reporting period. (Add lines a, b and c.)	d) :	\$3,673.75
e) Total of expenses paid this calendar year, prior to this reporting period. (This should be the amount on line f of addendum A for last month's report.)	e) :	\$ 26,152.50
f) Total of all expenses year to date.	f)	\$ 29,826.25
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from lobb period, including by whom paid or to whom charged.	ying fees during	this reporting
Paid to:	•	Amount
•	\$	
	\$	
	\$.	
	\$	
Sworn Statement/Affirmation by Lobbyist		
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm the is true and complete to the best of my knowledge and belief.	nat the foregoin	ng information
(Signature of lobbyist)	1-24-19	•
(Signature of lobbyist)	/-24-/9 (Date)	
Paul A. Worsowicz		
(Print Name of Lobbyist)		

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums

Sworn Statement/Affirmation by Lobbyist

	e and Expenses for:		
Name of Lobbying p	partnership, firm or corpo	ration: GALLAGHER, CA	LLAHAN & GARTRELL, P.C.
•		or the partnership, firm, or co ent Manufacturers c/o Mu	orporation and not related to any altiState Associates Inc.
Date of Report (che	ck one):		
April 25, 2018 □	July 25, 2018 🗆	October 31, 2018 🗆	January 30, 2019
		e Statement of Income and Enternent (insert the number o	expenses described above, and the f Addendum forms being
1 Addendum A(s).		
0 Addendum B(s	3).		
0 Addendum C(s	s).		
•	firm that the foregoing in of my knowledge and be		and each Addendum is true and
(Signature of Lobby	· Kull		1 25 2019 (Date)
Heidi L. Kroll (Print Name of lob	byist)		

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums

Sworn Statement/Affirmation by Lobbyist

Statement of Income and Expenses for:				
Name of Lobbying p	artnership, firm or corpor	ration: GALLAGHER, CA	LLAHAN & GARTRELL, P.C.	
Name of Client (leav particular client):		r the partnership, firm, or co	orporation and not related to any altiState Associates Inc.	
Date of Report (chec	ck one):			
April 25, 2018 🗆	July 25, 2018 🗆	October 31, 2018	January 30, 2019 🔀	
		Statement of Income and E tement (insert the number o	expenses described above, and the f Addendum forms being	
1 Addendum A(s).			
0 Addendum B(s).			
0 Addendum C(s).			
-	irm that the foregoing inf of my knowledge and bel		and each Addendum is true and	
Ak 8h			1/29/19	
(Signature of Lobby	ist)		/ L (Date)	
Lisa K. Shapiro, Ph (Print Name of lobb				
, : :==================================	• /			